Understanding Filipino Families: A Foundation for Effective Service Delivery

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A major current goal of the American Speech-Language-Hearing Association (ASHA) is to increase its members' sensitivity to and competence in serving individuals from a variety of linguistic and cultural backgrounds (Quinn, Goldstein, & Peña, 1996; Roseberry-McKibbin, 1995). A multicultural group that has become increasingly large in the United States is the Filipino population. In 1990, there were 1.4 million Filipinos living in the United States, with 50% of them living in California and 61% of them living in the Pacific West. Filipinos are the second largest Asian group in this country and the largest Asian immigrant group to the United States (Chan, 1992). The Filipino population in the United States will reach 2 million by the year 2000, yet very little information about this population is available in the field of communication disorders (Garza & Scott, 1996). Because speech-language pathologists will be serving increasing numbers of Filipino clients, this article was written to (a) share information about the Philippines, (b) discuss cultural practices that have an impact on our service delivery to Filipinos, and (c) discuss linguistic considerations that speech-language pathologists need to be familiar with in order to best serve Filipino clients. The information contained in this article was synthesized from my experience living in the Philippines from age 6 to age 17, from clinical experience, from interviews with Filipinos, and from sources cited in the reference list.

Background and History

The Philippines is a 1,000-mile long archipelago containing more than 7,200 widely scattered islands. Situated south of Taiwan and north of Indonesia, the Philippines is slightly larger than Arizona. The country's islands are divided into three major groups: Luzon (the largest and one of the northernmost islands, where Manila is located), the Visayas, or central islands, and Mindanao (a large southern island). The Philippines has been heavily influenced by colonization by Spain and the United States. Because Spain ruled the Philippines for 400 years, Filipino language and culture greatly reflect Spanish influence. After Spain was defeated in the Philippine revolution near the close of the 19th century, the United States annexed the Philippines. After the Filipinos further fought for their independence, the United States granted this independence on July 4, 1946, but because of the American dominion for almost 50 years, the Philippines continues to reflect American as well as Spanish influences.

Ethnically, the Philippines is the most diverse country in Asia (Chan, 1992). Filipinos generally descend from the Malay, Spanish, Negrito (indigenous group), Indian, Chinese, and Indonesian groups. Approximately 80% of the population lives in rural areas, and 45% of the population is directly involved in agricultural jobs. Hundreds of thousands of Filipinos have emigrated to the United States during the last several decades, motivated in large part by the opportunities to pursue better jobs and education for themselves and their children (Garza & Scott, 1996). In addition, poverty, a lack of job opportunities, and an unstable political climate have motivated the popularly known "brain drain," where many well-educated Filipino professionals have emigrated to the United States in search of a better life. For the same reasons, unskilled rural laborers have come to the United States as well (Chan, 1992). Speech-language pathologists need to recognize that there are profound differences between urban and rural Filipinos in areas such as amount of education, English proficiency, health practices, and acceptance of Western medicine and speech-language services.

Filipinos bring many strengths to the United States, including English fluency and economic stability. The Philippines is considered the only country in Asia that is predominantly English-speaking (Chan, 1992). Most Filipinos are fluent in English because it is taught in the schools, and it is estimated that 90% of Filipino-American students are designated as Fluent English Proficient (Cheng, Nakasato, & Wallace, 1995). Seventy-one percent of Filipinos in the United States have become U.S. citizens—the highest rate of any immigrant group. In household income, Filipino Americans are second only to Japanese Americans.

Filipino Americans' average household income is $44,000 a year, and their poverty rate, at 6%, is one of the lowest in the United States. Approximately 40% of Filipino Americans over 25 years of age have a college degree, and they are unique among Asian Americans in having a greater number of female than male high school and college graduates.

Filipinos have a strong work ethic and a widely recognized propensity for diligence, ambition, and high aspirations. However, speech-language pathologists should be aware that some Filipino professionals may feel frustrated and disheartened because their previous education and employment experiences are not recognized in the United States. These professionals may not be able to get jobs that were commensurate with what they had in the Philippines. This downward occupational mobility can lead to depression, frustration, and loss of self-esteem (Chan, 1992). For example, one Filipino lawyer was working as a custodian because he was unable to get a job as an attorney in the United States. Speech-language pathologists who work with adult clients need to be sensitive to these disappointing realities.

Cultural Beliefs and Practices

General Beliefs and Values

Among Filipinos, the group (as opposed to the individual) is very important; Filipinos often enlist the opinions of others because group consensus is crucial. *Pakikisama*, or maintaining good feelings and getting along with others, is a dominant cultural theme; smooth interpersonal relationships are valued above all else. Filipinos' sense of justice, fairness, and concern for others is manifested in the concept of *pakikipagkapwa-tao*. Interpersonal relationships are seen as the primary source of happiness and security (Chan, 1992). Because of this, Filipinos will usually be indirect, hide their anger, and avoid confrontations. Open emotional expression is considered rude and uncultured (Cheng, 1991). Professionals may assume that because Filipinos say "yes" that they understand and agree, but they may actually disagree or even be angry; *pakikisama* dictates that they smile and be courteous. Professionals must not take smiles and agreement at face value. Generally, when a Filipino is angry, he or she will not say anything but will withdraw from the other party for a period of time such as several weeks. If the offended person wants to reestablish a relationship with the other party, the offended person will very gradually begin associating with the other person again (Yadiangco, personal communication, 1995).

Hiya, or shame, involves a loss of face with the accompanying feelings of embarassment, inferiority, and alienation. If a Filipino does not respect his or her elders, does not reciprocate favors, or engages in other inappropriate behaviors, he or she is said to be *walang hiya* ("no face" or "without shame") (Wurfel, 1988). A person who is *walang hiya* is frequently ostracized by others. *Hiya* is closely related to *amor propio*, or a high degree of sensitivity that causes one to have easily wounded pride. It is devastating to be publicly criticized or humiliated. Loss of face is one of the worst things that can happen to a Filipino. Due to families' sense of *amor propio*, professionals should not venture into frank and open discussions of problem areas too soon (Chan, 1992). Many Filipinos consider it rude for professionals to start directly talking about business; I have found it helpful to build rapport by sharing a few personal and professionally appropriate details about myself and by displaying a stance of interest in and concern for the entire family. I have also found it helpful to begin any meeting with praise for the child's (or adult client's) good traits and to give compliments to the family. (However, speech-language pathologists must remember that although Filipinos love compliments, cultural style indicates that the person being complimented should downgrade what is being complimented and then return the compliment). Older Filipino clients (e.g., stroke patients) who are accustomed to building relationships before trust is established, may need the clinician to spend time gaining rapport before initiating treatment (Apolinario, personal communication, 1997).

Professionals are expected to be directive and authoritarian and to give specific advice. They are also expected to be friendly, warm, sensitive, and open to emotional closeness with the family. Filipinos have great respect for authority figures and often give them gifts. This ensures reciprocity; Filipinos consider authorities to be subject to influence. If families bring gifts, the gifts should be accepted gratefully (depending on the ethics of the situation) but never opened in front of the gift-giver (Chan, 1992).

Filipino families are extremely hospitable; Filipinos are known internationally for their hospitality to visitors. If speech-language pathologists conduct home visits, food will probably be served, perhaps in great quantity. If speech-language pathologists are comfortable, they should do their best to eat at least something so the families will not be offended or hurt. If the speech-language pathologist does refuse food, he or she should have a good reason (e.g., food allergies). Speech-language

pathologists who conduct home visits should also remember that the hosts, if complimented on an item, may try to give the item to the speech-language pathologist (Ramos & Goulet, 1981).

Time in the Philippines is very elastic. For example, if a function is scheduled to begin at 7:00 p.m., it may actually start at 8:30 or 9:00. Some clients may be late for appointments because of the relaxed attitude toward time; professionals may need to emphasize the need for punctuality. The pace of life in the Philippines is slow, and the value of punctuality among Filipino Americans will often vary according to how long they have lived in the United States. Many Filipino Americans, especially those in mainstream jobs, generally recognize punctuality as an important U.S. cultural value.

The embedded cultural concepts of *bahala na* ("leave it to God") and *ganyan lamang ang buhay* ("life is like that") are often interpreted by Americans as passivity or fatalism. American clinicians need to be careful not to judge Filipinos as passive and lacking in initiative in situations where actions must be taken to assist an individual with a communication disorder. *Bahala na* and *ganyan lamang ang buhay* may cause some Filipinos to appear as though they are unwilling to take action and be proactive, when in fact these beliefs enable Filipinos to survive great difficulties, tolerate hardship, and accept change gracefully (Chan, 1992).

Religion

Approximately 85–90% of the Philippine population is Catholic, although Islam is predominant on the island of Mindanao. Muslims (called Moros) on Mindanao still have hostile relations with the Catholic majority of the Philippines, and fighting on Mindanao is quite common. Some Filipinos, especially the tribespeople of Mindanao and Luzon, practice animism, or belief in and involvement with the spirit world. Animists may appeal to the spirits of the sky, field, home, or garden for favor (Hinkelman, 1996).

Family Life

The concept of *tayo-tayo*, or "my family first," reflects the utmost importance of the family unit. Among Filipinos, the family is the source of identity, support, and focus of one's primary duty. Personal rather than institutional relationships guide the behavior of many Filipinos, causing them at times to override the rules of society in favor of their kin. The family system is hierarchical; authority is based on age. Elders are highly respected and usually live with their children. The grandparents have the most power and authority in the family. Because of the ancient Malay tradition of equality between the sexes, there is a bilateral extended kinship system (Chan, 1992). Often several generations will live under the same roof. The father and mother share authority and responsibilities; Filipino women have more status than women in many countries of the world (Chan, 1992; de Guzman & Reforma, 1988). Mothers often control the finances and frequently work outside the home. Thus, when Filipino families emigrate to the United States, they have less of an adjustment than other Asians when the wife works outside the home. Divorce is illegal in the Philippines.

Utang ng loob, or "lifelong debt of gratitude," is central to Filipino family life (Wurfel, 1988). Individuals are expected to sacrifice for the good of the family. For example, older siblings will typically spend much of their salaries for the education and support of younger siblings. In terms of child care, older children (especially girls) are usually the caretakers of younger children. Because families are very closely knit and thus make decisions collectively, speech-language pathologists must work with the entire family, not just the individual. When working with Filipino families, professionals must be aware of the specific roles that family members play. For example, professionals should always be careful to greet and say goodbye to older people, who are treated with respect. Speech-language pathologists should not publicly disagree with elders. In addition, clinicians working with older Filipinos (e.g., those who have acquired neurological disabilities) need to be extremely careful to be courteous and diplomatic when giving instructions.

It is also important to recognize that in the Philippines children are expected and greatly desired; there is no special preference for males. Many Filipinos feel sorry for couples who have only one child (Ramos & Goulet, 1981). Most mothers don't take their babies out of the house until 3–4 weeks of age. Infants and toddlers are coddled, catered to, and held by family and friends; multiple caretakers are common. During infancy and early childhood, children are highly indulged. The emphasis on physical closeness and dependency is further manifested by customs such as breastfeeding children until as old as 2 years of age and allowing them to sleep with parents or siblings. A young child is never alone and may be several years old before he or she remains unsupervised (Chan, 1992). Caretakers of babies and children watch them closely; the environment is considered hostile and thus

children should be protected from it, not allowed to explore it (Ramos & Goulet, 1981). Speech-language pathologists who conduct early intervention should understand that recommendations for children's exploration of the environment and increased independence may run counter to the beliefs of some Filipino families.

Some American clinicians have told me that they perceive young Filipino children as "immature." Because of the differences in Filipino and American expectations in children's independence, American speech-language pathologists might view young children, especially preschoolers, as being too dependent, clingy, and immature. This is often cultural; it is important to realize that in the Philippines, independence for children is emphasized later than it is in American culture. This has implications for early intervention. Whereas American speech-language pathologists place a high value on early intervention, many Filipino parents view this as intrusive. They frequently believe that young children will "outgrow" any problems seen, and may be very reluctant to avail themselves and their children of early intervention services.

Education

Filipinos place an extremely high value on education. Families will make many sacrifices to educate their children. Education is a status symbol, a promise of a better future, and is viewed as a means of advancement for the entire family. A major motivation for many Filipino families to emigrate to the United States is to pursue better educational opportunities for their children (Cheng, 1991). In the Philippines, the literacy rate is 90%; 10 years of public education are available to most of the people. However, in some rural areas, student school attendance is not enforced. In addition, more recent Filipino immigrants have come from a deteriorating economy with disrupted schooling, and some recent arrivals are not as literate as their earlier counterparts. Thus, American professionals may work with many well-educated and literate Filipino students as well as those at-risk Filipino students whose literacy skills are quite low (Cheng et al., 1995).

In many Philippine schools, supplies are quite limited. In my classrooms, textbooks were very scarce. We spent many hours copying information from the chalkboard. Hard work and rote memory are emphasized, so many Filipino students may need practice in critical thinking, question-asking, problem-solving, and exploration (Cheng & Ima, 1990). In third grade and beyond, classrooms are extremely authoritarian. Students are very respectful, stay quietly in their seats, and generally do not question teachers. Classroom discussions are very rare, and students are rewarded more frequently for being respectful and polite than for demonstrating intellectual growth (Wurfel, 1988). Corporal punishment is acceptable in most Filipino schools. In my third and fourth grade classrooms, the teachers carried and used large sticks to hit children whose behavior did not conform to expectations. Schoolchildren are expected to look down when speaking to an adult. (I once "inherited" a fourth-grade Filipino student onto my caseload in the schools; an IEP goal in the area of pragmatics was to increase the student's eye contact!) Children laugh when they are embarassed, which could mislead U.S. professionals to think that Filipino children do not take reprimands seriously (Roseberry-McKibbin, 1995).

Health and Disabilities

Poverty and overcrowdedness are rampant in the Philippines, with an estimated 70% of Filipinos living below the poverty line. In Metro Manila, the 11th largest city in the world, the urban density in 1994 was 56,141 people per square mile (Hinkelman, 1996). Although actual starvation is not common, many Filipinos experience malnutrition and subsequent health problems. Overpopulation is a major issue, which is challenging to address because most Catholic Filipinos do not practice birth control. Many rural families are large, having between 9 and 12 children. A United Nations Population poll showed that in 1950 there were 21 million people living in the Philippines. By 1995, that figure had tripled. The United Nations projects an increase to 105.1 million people by the year 2025 (Hinkelman, 1996).

Health care in the Philippines is scarce. In 1990, there was one medical doctor for every 8,120 people (Hinkelman, 1996). If family members become sick, especially in rural areas, they may seek faith healing or alternative forms of natural healing. Many tribal Filipinos believe in *aswang* or witches that can cause misfortune such as ill health. Persons from rural areas may be accustomed to friendly and available folk healers and may expect this same attitude from U.S. physicians. If these expectations are not met, families may change doctors or avoid Western health care facilities. Speech-language pathologists may need to help these families modify their expectations so that their medical needs can be met. Urbanized Filipinos rely on Western medical care. Some Filipinos combine traditional and modern approaches to healing (Chan, 1992).

Among Filipinos, severe disabilities often carry great stigma. Families may be reluctant to let others know about their child's disability because of the shame and disgrace brought to the family as a whole. The family is concerned about a loss of face. For example, in rural areas where my family lived, children with severe cleft palates did not attend school at all. Siblings might have difficulty finding marriage partners because they have a hereditary "taint." Children who have profound emotional disturbance or disabilites (e.g. autism, epilepsy) might be seen as "possessed" by evil spirits. If a child is born with a disability, this may represent God's punishment for the sins of the parents or their ancestors. Because disabilities carry such a stigma, it may be hard to help families to accept that their child has a disability (Chan, 1992). Clinicians need to be kind, tactful, supportive, and gentle.

Belief in *bahala na* might lead families to accept a child's disability as God's will or as fate. Families must be sensitively helped to actively seek options for treatment or rehabilitation. Families usually are the primary caretakers of disabled children. Older siblings are expected to continue to give primary care to a disabled family member, and all are expected to make personal sacrifices. It can be difficult for Filipino families to accept "outside" support and assistance provided by speech-language pathologists and agencies, because the family is expected to meet all of the disabled person's needs (Chan, 1992). Chan (p. 291) states that:

> In seeking direct services or assistance for a child with a disability, the family may typically utilize intermediaries or their parties (who are often extended family members) to make initial contact with appropriate providers or agencies. This practice serves to convey respect for the providers who are viewed as authority figures and, as such, are not directly approached to request assistance. It also enables a family to filter information and learn more about the personal/professional qualities of the provider(s) through the perspectives of a trusted go-between. Early interventionists should be receptive to this practice and avoid rigid insistence on initial direct contact with the identified child and his or her family members, to the exclusion of designated intermediaries. Restrictive agency policies and relevant client/family confidentiality issues must be examined in this light.

Because there is a long-standing Filipino tradition of small-group and family orientation, there are increasing numbers of Filipino care providers who have established community-based residential facilities or small group homes that serve clients with disabilities (Chan, 1992). Clinicians should attempt to locate and collaborate with personnel in these facilities to provide links between the family and the community. In addition, clinicians might work collaboratively with local Filipino churches and other Filipino organizations that provide support for families who have members (adults or children) with disabilities.

When an older Filipino adult becomes disabled (e.g. due to a stroke or head injury), clinicians must be aware that many Filipino families expect to care for this person in their homes. In the Philippines, there are few skilled nursing facilities. This concept is practically nonexistent. Older persons, whether they have disabilities or not, generally live with their children throughout their lives. Thus, clinicians should be aware that if an older Filipino adult has a stroke, for example, the family might be quite averse to placing the patient in a skilled nursing facility; in the view of the family, it is their job to care for an older person who has lived a long life and thus deserves to be respected and served. Similarly, older Filipino patients may expect their adult children to care for them in their old age. J.A., a Filipino engineer, recently told me that his mother-in-law lived with him and his family for 14 years. J.A. added that although "American men wouldn't put up with this," it is "not unusual" for Filipino American families to have older parents living in the home for many years. If adult Filipino children (especially those who have been born and raised in the United States) do not want to provide this type of long-term care, their parents may experience anger and disappointment. In some cases, clinicians may need to help families resolve intergenerational conflicts arising from the differing expectations of various family members.

Linguistic Considerations

Communication Styles

When clinicians are serving speakers of English as a second language, it is important to consider communication styles as well as specific linguistic structural differences (Brice & Montgomery, 1996). Specific stylistic aspects of communication among Filipinos include employing, in interactions, a formality that conveys respect for status and position. Use of titles is considered very important. For example, a physician might continue to be known as "Dr. Viterbo" even to his long-time patients and friends (Chan, 1992). American speech-language pathologists should be especially careful to use titles with adult Filipino clients; the American practice of using first names may be offensive to some Filipinos, especially older ones. In addition, Filipinos

may be very uncomfortable calling speech-language pathologists (authority figures) by their first names. Speech-language pathologists should be receptive to being called by a title if this will help Filipino clients to be more comfortable.

Because Filipinos wish to save face and avoid *hiya*, they may say "yes" when they mean "no;" they may be indirect and appear to be "skirting the issue." Filipinos are very reluctant to openly disagree with others and may use silence to communicate dissatisfaction or even anger. This can be frustrating and confusing to American speech-language pathologists, who expect interactions with clients to be open and honest. Speech-language pathologists might give recommendations to a family who agrees to carry them out; later, they find to their chagrin that the family never intended to follow the recommendations. It is important to be sensitive, diplomatic, and honest with Filipino families, and to encourage them to express how they truly feel about situations. Clinicians should try not to openly display anger toward Filipino clients, for the clients may feel so alienated, angry, and ashamed that they might never come back for further interactions or services.

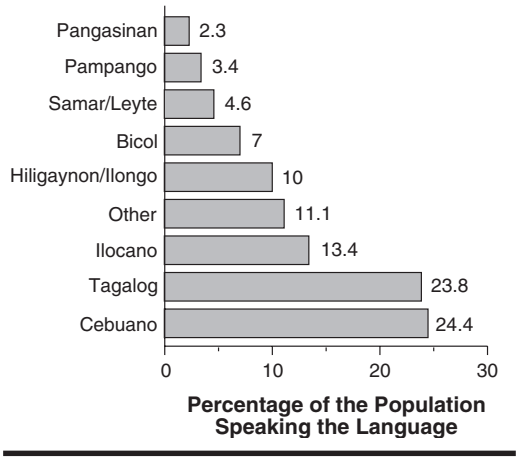
Several weeks ago I was involved (through the public schools) in a situation with a Filipino family where their 8-year old daughter, M., was assessed for severe and persistent hypernasality secondary to velar immobility. After 3 years of treatment, M's intelligibility gains were minimal. I recommended that M. be thoroughly assessed by medical personnel to ascertain whether she might benefit from a pharyngeal flap. I recommended dismissal from treatment, until medical assessment and intervention occurred, because M. had plateaued in her intelligibility gains. The father was very angry, and indicated in writing that he disagreed with my recommendation for dismissal from treatment. I did not argue with him, but instead thoroughly and tactfully explained the rationale for my recommendation. I assured him that I would send him and his wife a copy of my report for them to take to M's doctor. I encouraged him to call me at any time if he had further questions. As he left, he gave me a small smile. Although I felt some frustration with not being able to persuade the father to take immediate action on behalf of his daughter, I knew it was important not to argue and alienate him entirely. No angry words were exchanged, and I hope that eventually he will contact me so that I might be of further assistance in helping M. obtain the medical care she needs.

In the Philippines, personal questions are the norm. For example, it is common for Filipinos to ask if you are married and if you have any children. I was recently asked by a Filipino gentleman if I had any children. When I said no, he asked why not. Filipinos frequently ask others' ages because knowledge of someone's age helps the speaker place the other person in the appropriate spot on the social hierarchy (Cheng & Ima, 1990). Some Filipinos may make remarks about a person's body weight; for married women, being 20–30 pounds overweight is a sign of having a successful husband. Being thin is viewed negatively, as this indicates that life is not treating a person well (Ramos & Goulet, 1981). Open discussions about money are common. It is considered appropriate, for example, to ask others what their annual salaries are or how much their possessions cost. Professionals should be prepared for some Filipinos to ask personal questions—for example, the professional's age, income, price of clothing—and to make remarks that seem very personal (e.g. "You're so skinny—you need to eat more"). These questions and remarks are intended as signs of interest, not intrusiveness. In the Philippines, a common greeting is "Where are you going?" Although this may seem intrusive to Americans, the answer expected is "over there." American clinicians must balance their ingrained cultural moré of privacy with their desire to establish rapport with Filipino clients.

Linguistic Characteristics and Patterns

There are 87 mutually unintelligible languages in the Philippines; these all stem from the Malayo-Polynesian group (Cheng et al., 1995). The eight most common languages are listed in Figure 1. Tagalog/Pilipino is the

FIGURE 1. Major languages of the Philippines



major language of the Philippines, and one frequently finds the terms *Tagalog* and *Pilipino* used interchangeably. This is common practice among Filipinos (Apolinario, personal communication, 1997). (For purposes of consistency in this article, I have used the term *Pilipino*.) In 1959, the Philippine government determined that the national language should be officially recognized as Pilipino in the schools. Pilipino is described as: (Bowen, 1965)

> Tagalog enriched with officially recognized borrowings (from other Philippine languages and from Spanish, English, and Chinese), coinages, and revived words, which have had varying degrees of success in popular usage. Standardized grammar rules and spellings along with officially adopted lexical items have been promulgated from time to time for Pilipino, which do not necessarily affect Tagalog. (p. v)

Many smaller dialects also exist in the Philippines. Persons from different barrios or towns on the same island may be unintelligible to one another. Many Filipinos are trilingual: they speak Pilipino, English, and the dialect of their town. For example, in the town of Odiongan where our family lived, my sisters and I spoke Odionganon (and pidgin English) in the neighborhood with our friends and learned Pilipino and English formally in school. Church services were conducted in Hiligaynon. The enormous linguistic diversity among Filipinos makes interpretation and translation situations challenging—speech-language pathologists must make sure the interpreter or translator speaks the particular dialect of any student being tested. Speech-language pathologists must also ascertain the student's actual proficiency in that dialect. Speech-language pathologists cannot assume that all Filipino students are truly proficient in the dialect or language of their parents.

To illustrate, a recent survey of Filipino-American families who have emigrated to the United States in the last 20 years showed that only 54% of parents desired for their children to be proficient in both English and Pilipino (Garza & Scott, 1996). It was found that in the homes of the survey respondents, there were significant language differences among generations: parents and grandparents spoke Pilipino to one another and their friends, but spoke both Pilipino and English to their children. The children were most likely to respond in English. Thus, speech-language pathologists need to be aware that there may be differences in the Pilipino proficiency of Filipino American students born in the United States as contrasted with the Pilipino proficiency of students who emigrate to the United States at later ages.

Phonological Characteristics of Filipino Languages: A Contrastive Analysis With English

As was previously stated, Pilipino, the national language, is based on Tagalog but borrows from other languages. Pilipino has 27 phonemes: 5 vowels, 6 diphthongs, and 16 consonants. Sounds not commonly found in standard American English are the tap/trill /r/, the glottal stop, "…and the consonant clusters /nj/ and /lj/" (Cheng et al., 1995, p. 85). Many words in Pilipino are polysyllabic, for example: *katakataka* (that's incredible!) and *maligayangbati* (original happiness). Stress in Pilipino roots is usually on either of the last two syllables, and vowels in stressed syllables are lengthened (e.g., asá:wa [spouse]; salitá: [speak]; mabú:hay [welcome]) (Ramos & Cena, 1990).

Although Asians from Vietnamese, Chinese, and Laotian language backgrounds often have difficulty with English polysyllabic words because their original languages contain primarily monosyllabic words, Filipinos are accustomed to using many polysyllabic words, but may need assistance in producing English polysyllabic words with the correct syllable stress. Thus, clinicians who work with Filipino clients desiring American accent training must pay careful attention to their clients' production of English polysyllabic words.

The pronunciation of Pilipino is heavily influenced by Spanish. The Pilipino alphabet has 20 letters. There are 15 consonants: b, d, g, k, l, m, n, ng, p, r, s, t, w, y. The vowels are a, e, i, o, u (Cheng et al., 1995). Table 1 shows common substitution patterns for consonants and vowels that exist in English but not in Pilipino (Cheng, 1991, p. 64). Speakers of

TABLE 1. Common substitution patterns for consonants and vowels that exist in English but not in Pilipino.

Consonant/ Vowel	Common Substitution Pattern	
/v/	b/v	(balentine/valentine)
/z/	s/z	(sip/zip)
/zh/	d/zh	(meder/measure)
/th/	d/th	(dis/this)
/th/	t/th	(tin/thin)
/dj/	dz/dj	(dzoke/joke)
/f/	p/f	(pall/fall)
/sh/	s/sh	(so/show)
/ch/	ts/ch	(tsair/chair)
/I/	i/I	(beet/bit)
/ae/	a/ae	(bought/bat)
/a/	o/a	(Poll/Paul)

Pilipino deaspirate the initial voiceless stops /p, t, k/; they may also deaspirate these sounds in English, making them sound to many speakers of standard American English like voiced stops (Ramos & Cena, 1990). Filipinos also dentalize the tip-alveolars /t, d, n/.

Pilipino distinguishes more vowel sounds than do other Filipino dialects or languages, so native Pilipino speakers from the island of Luzon might find it easier to distinguish the minimal pair "bit-bet" than a speaker of Cebuano from the island of Cebu (Chan, 1992). The Pilipino language uses onomatopoeia; for example, the Pilipino word *pagaspas* means "the sound produced when a strong breeze passes by the leaves of trees."

Linguistic Characteristics of Filipino Languages: A Contrastive Analysis With English and Clinical Implications

Speech-language pathologists must take morphosyntactic rules of Filipino languages into account in order to understand possible transfer of these rules into English production. This is especially critical when a speech-language pathologist is attempting to distinguish a language difference from a disorder in a Filipino student in the schools. Clinicians who conduct American accent training with adult Filipino clients should also be aware of possible linguistic transfer from Pilipino to English.

For example, the bound morpheme -s indicates plurality for most English nouns. In Filipino languages, however, the plural is indicated by the word "onga" placed before the nominal or before another word like a number. For example, *onga bata* means "children;" *dalawang bata* means "two child." Reduplication is commonly used to show linguistic features such as intensity and plurality: (Cheng, 1991, p. 65)

dalawa	two
*dala*dalawa	by twos
dadadalawa	only two

Because of these differences, Filipinos learning English may have trouble correctly and consistently using regular and irregular plural forms in English (Cheng, 1993). For example, a Filipino might say "I have two notebook in my bag."

Filipino languages have a complex system of affixes. "Most words consist of roots, which are verbal, substantive, and adjectival in meaning, and affixes, which show focus, respect, and mode" (Cheng, 1991, p. 64). A word's specific meaning is determined by the combination of its root and affix or affixes. For instance, the root *bili* has different meanings, which change depending on which affix is used: (Cheng, 1991, p. 64)

*pala*bili	(adjective)	fond of buying
*maka*bili	(verb)	to be able to buy
*leum*bili	(verb)	to buy
bili*hin*	(noun)	items to buy/are for sale
*mag*bili	(verb)	to sell

A Pilipino verb usually contains a base or root and one or more affixes. The base provides the meaning of the verb, and the affixes show the relation of the topic to the verb and also the character of the action (Ramos & Bautista, 1986). Through affixation, most roots in Pilipino may become verbs: (Cheng, 1991, p. 65)

payag	(adjective)	willing
*pum*ayag	(verb)	to agree
dasal	(noun)	prayer
*mag*dasal	(verb)	to pray

The importance of affixes in Pilipino verbs is also illustrated by the fact that Pilipino has three aspects of verbs: *completed* (for action started and terminated), *contemplated* (for action not yet started), and *incompleted* (for action still in progress or action started but not yet completed) (Ramos, 1985, p. 201; Ramos & Cena, 1990, pp. 47–51). Affixes indicate each aspect. For example:

Root	Completed	Contemplated	Incompleted
dala (to bring)	nagdala	magdadala	nagdadala
alis (go away)	nag-alis	mag-aalis	nag-aalis
galit (to be angry)	nagalit	magagalit	nagagalit
laro (to play)	naglaro	maglalaro	naglalaro

Because of the differences in Pilipino and English verb systems, it is common for Filipino speakers of English to make errors in verb tenses. For example, a Filipino may say "I am to be going to the store." A Filipino friend of mine, whose English is quite fluent, recently told me that "99% [of the people] in Luzon speaks Tagalog." Clinicians may need to address these verb differences in treatment.

In terms of pronouns, Filipino languages do not indicate gender as does English: (Cheng, 1991, p. 66)

kaniya	his/hers
siya	he/she
niy	him/her

Many Pilipino speakers, in English, may make gender errors, referring to a woman as "he," or telling a man that "she" looks handsome. American clinicians may need to help Filipino clients consistently use correct gender forms in English, and conduct treatment activities emphasizing accurate use of pronouns.

The typical simple sentence in Pilipino has a subject and predicate; the normal order of these elements is predicate + subject (the reverse of English). In terms of grammatical relations, the subject relation plays a particularly important role in Pilipino grammar. According to Kroeger, (1993, p. 3):

> The grammatical subject does not have a unique structural position. In other words, grammatical subjecthood cannot be defined in terms of a specified position in surface phrase structure. This is an important result, since many approaches to syntax (notably the Government-Binding framework) assume that grammatical relations are defined in terms of surface phrase structure configurations.

The following examples illustrate this point.

Noun subjects are divided into two general classes: personal names marked by *si*, and all other nouns marked by *ang*. For example, typical Pilipino simple sentences would be: (Ramos & Cena, 1990, p. 25; Santa Maria, personal communication, 1997)

Tumakbo	si	John.
(ran)	(personal name subject marker)	(John)
John ran.		
Maganda	si	Sue.
(pretty)	(personal name subject marker)	(Sue)
Sue is pretty.		
Nasa kusina	ang	relo.
(in the kitchen is)	(other subject marker)	(clock).
The clock is in the kitchen.		
Nakakita ako	ang	pusa.
(saw I)	(other subject marker)	(cat).
I saw the cat.		

Because of these rules, speech-language pathologists may expect to see some Filipino speakers reversing the order of words even in simple sentences; placement of the sentence subject in English may be particularly challenging.

In addition, because of the differences in noun markers and the lack of articles accompanying nouns in some cases, some Filipinos may experience difficulties with English articles *a, an,* and *the*. For example, the sentence "The sky is blue today" would literally be translated as *"Asul ang kulay ng langit ngayon"* ("Blue color sky today"). The sentence "The dog ate its food" would literally be translated as *"Kinain ng aso ang kanyang pagkain"* ("Ate dog its food") (Santa Maria, personal communication, 1997). The sentence "My father is a teacher" would be literally translated as *"Guro ang tatay ko"* ("Teacher father my") (de Guzman & Reforma, 1988). Filipino speakers may inconsistently omit articles in English (e.g., "I have dress on"). Clinicians should be aware of this and may need to address it in treatment.

In Pilipino, there is no affirmative tag question as there is in English. If there is a negative statement in Pilipino, it is usually followed by the tag question *ano* as in the following examples (Ramos & Cena, 1990, pp. 85–86):

Negative Statement	Tag Question
Hindi Pilipino si Art,	ano?
(Art isn't a Filipino)	(is he?)
Hindi siya pumunta,	ano?
(He didn't go)	(did he?)

Clinicians may need to address the tendency of some Filipino speakers to have difficulties with English tag questions. In my experience, some speakers will simply omit the tag question entirely and produce utterances such as "He didn't go?" or "Art isn't a Filipino?"

Conclusion

This article has discussed characteristics of Filipino culture and language that can influence service delivery to children and adults. Filipinos bring many strengths to American culture. Their diligence, fluent English skills, strong educational values, and ability to achieve harmonious relationships with others are strengths that make Filipinos a valuable addition to our country. By understanding basic facts about Filipino culture and language, speech-language pathologists can successfully serve the growing Filipino population in our nation.

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